CLASSIFICATION (When filled in)

COST PERFORMANCE REPORT FORMAT 4 - STAFFING

Form Approved
OMB No. 0704-0188

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| of information if it does not display a | currently valid | OIVIB CONTROL N | umber. PLEASE | | | M TO THIS ADL | JRESS. SUBINI | I COMPLETED | FURINS IN ACC | ORDANCE WI | H CONTRACT | JAL KEQUIREN | | | |
|--|-----------------------------|---|------------------------------------|---------------------------|-----|----------------|----------------|------------------|-------------------------|------------|------------------|--------------|--------------------|------------|--|
| 1. CONTRACTOR | | 2. CONTRACT | | | | 3. PROGRAM | | | | | 4. REPORT PERIOD | | | | |
| a. NAME b. LOCATION (Address and ZIP Code) | | | | a. NAME b. NUMBER | | | | a. NAME | | | | | a. FROM (YYYYMMDD) | | |
| | | | | c. TYPE d. SHARE RATIO | | | | b. PHASE (X one) | | | | | b. TO (YYYYMMDD) | | |
| | | | | 0 | | u. OHARL | NATIO | RDT&E | | PRODUCTION | | | | | |
| 5. PERFORMANCE DATA | (All figure | s in whole | numbers) | | | | | 1 112 1312 | | | | | | | |
| | ACTUAL CURRENT PERIOD | ACTUAL END OF CURRENT PERIOD (Cumulative) | , | FORECAST (Non-Cumulative) | | | | | | | | | | АТ | |
| ORGANIZATIONAL CATEGORY | | | SIX MONTH FORECAST BY MONTH (Enter | | | ONTH (Enter na | mes of months) | , | ENTER SPECIFIED PERIODS | | | | | COMPLETION | |
| | | | | | | | | | | | | | | | |
| (1) | (2) | (Cumulative) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | |
| | | | | | | | | | | | | | | | |
| 6. TOTAL DIRECT | | | | | | | | | | | | | | | |

DD FORM 2734/4, AUG 96

PREVIOUS EDITION MAY BE USED.

LOCAL REPRODUCTION